

## **Exhibit B**



Chubb Group of Insurance Companies  
15 Mountain View Road  
Warren, New Jersey 07059

**ForeFront Portfolio<sup>SM</sup>**  
Renewal Application

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH  
FEDERAL INSURANCE COMPANY OR VIGILANT INSURANCE COMPANY (THE "COMPANY")

(For Use In: NY and PA)

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, UNLESS OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

1. Name of Applicant: Le\*Natures, Inc.  
(The term "Applicant", as used in this Application, means the Parent Corporation and all of its Subsidiaries, unless otherwise stated.)
2. Address: Eleven Lloyds Avenue
3. City: LATROBE State: PA Zip Code: 15650
4. Nature of the Applicant's business: Beverage MANUFACTURING
5. Indicate below the ForeFront Portfolio coverages for which the Applicant seeks renewal.

<input checked="" type="checkbox"/> Directors and Officers Liability	<input checked="" type="checkbox"/> Crime
<input checked="" type="checkbox"/> Employment Practices Liability	<input type="checkbox"/> Kidnap/Ransom and Extortion
<input checked="" type="checkbox"/> Fiduciary Liability	<input type="checkbox"/> Workplace Violence Expense
<input type="checkbox"/> Miscellaneous Professional Liability	
<input checked="" type="checkbox"/> Internet Liability	
6. Number of employees:  
Total: 348 Total US: 348 Full Time: 348 Part Time: \_\_\_\_\_ In California: 27
7. Applicant's total revenues as of the most recent fiscal year end: \$ 228,812,363
8. Applicant's total assets as of the most recent fiscal year end: \$ 425,808,886
9. Cash flow from operations as of the most recent fiscal year end: \$ 79,954,778
10. Is the Applicant in compliance with all debt and /or loan covenants? ☒ Yes ☐ No  
If the Applicant answered "No" to this question, please attach a full explanation.
11. In the next 12 months is the Applicant contemplating (or has the Applicant completed within the last year) any actual or proposed merger, acquisition, or divestment, any registration for a public offering or a private placement of securities, any location, facility or office closings, consolidations or layoffs or any reorganization or arrangement with creditors under federal or state law? ☐ Yes ☒ No

If the Applicant answered "yes" to Question 11, please attach a full explanation.



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**I. DIRECTORS AND OFFICERS LIABILITY**

1. Over the past 12 months, has there been any change in the board of directors?  
If the Applicant answered "Yes" to this question, please attach a list of the current board and outside affiliations. ☒ Yes ☐ No

2. Please list all non-director and non-officer shareholders who directly or beneficially hold common stock and the percentage owned by each (if none, so indicate)

Non director or non officer shareholders:

% of voting shares owned:

none

none

3. Has there been any change in the Applicant's ownership structure within the last twelve months?  
If the Applicant answered "Yes" to this question, attach a full description of ownership structure. ☐ Yes ☒ No

**II. EMPLOYMENT PRACTICES LIABILITY**

1. Within the last year has the Applicant updated its employment practices handbook, or human resources policies and procedures or department? ☒ Yes ☐ No

If the Applicant answered "Yes" to this question, please attach a copy of updated materials and a description of changes.

2. Number of employees who have left the Applicant over the past 12 months:  
Voluntary \_\_\_\_\_ Involuntary \_\_\_\_\_ TOTAL: 203

**III. FIDUCIARY LIABILITY**

1. Please complete the following information regarding the Applicant's employee pension benefits plan(s).

Pension Benefit Plan Name	Plan assets (current year)	Defined Contribution (DC) or Defined Benefit (DB)?	Underfunded by more than 25%? (DB only)	Number of plan participants
Lex Natures, Inc.				
401(k) plan	143,527	DC	n/a	23

2. In the next 12 months is the Applicant contemplating (or has the Applicant completed within the last year) merging or terminating any plan(s)? ☐ Yes ☒ No

If "Yes," please explain \_\_\_\_\_

**IV. CRIME**

1. Does the Applicant:

(a) Allow the employees who reconcile the monthly bank statements to also sign checks, handle deposits and have access to check signing machines or signature plates?

☐ Yes ☒ No

(b) Have procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list?

☒ Yes ☐ No



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- (c) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment?

☒ Yes ☐ No

2. How often does the **Applicant** perform a physical inventory check of stock and equipment?

MONTHLY

3. What is the limit above which the **Applicant** requires countersignature for their checks? \$ —

**IV. FOREIGN TRAVEL AND EXPORTATION COVERAGE**

1. Please complete the following information regarding the foreign travel of **Applicant's** employees:

Countries	Annual # of trips	Average stay	# employees travelling
NONE			

2. Describe the **Applicant's** security precautions taken for foreign travel: \_\_\_\_\_

**V. MATERIAL CHANGE**

If the answers in this Renewal Application change materially before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**VI. REPRESENTATION AND SIGNATURE**

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and any attachments or information submitted with this Renewal Application, are true and complete. This Renewal Application supplements the application(s) for the expiring policy, and those applications together with this Renewal Application and any information attached hereto will be the basis for, and become part of, a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon such applications, attachments, and such other information submitted therewith in issuing such policy.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.



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The Applicant's submission of this Renewal Application does not obligate the Company to issue, or the Applicant to purchase, a renewal policy. The Applicant hereby authorizes the Company to make any inquiry in connection with this Renewal Application.

**Notice to New York and Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (in New York) or criminal and civil penalties (in Pennsylvania).

This Renewal Application must be signed by the chief executive officer or chief financial officer of the Parent Corporation acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
05-03-05		Chief Executive Officer
5/3/05		Chief Financial Officer

- ☒ Most recent CPA prepared financial statements  
☒ Most recent CPA Letter to Management and management's response (If this Letter is not issued, so indicate)  
☐ Most recent EEO-1 Report (Applicable to Employment Practices Liability coverage only)

)      **OFFICERS**

President—Vacant  
Treasurer—Gregory J. Podlucky  
Secretary—Tammy J. Andreycak  
CEO—Gregory J. Podlucky  
CFO—David E. Getzik

**DIRECTORS**

Seat 1—Robert B. Lynn(A)  
Seat 2—Andrew Murin, Jr.(A)  
Seat 3—Jonathan E. Podlucky(B)  
Seat 4—Ford S. Bartholow(A)  
Seat 5—Venita E. Fields(B)  
Seat 6—Ruth J. Huet  
Seat 7—Gregory J. Podlucky, Chairman, (B)

(A)—Audit Committee Member  
(B)—Compensation Committee Member

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